

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/55592

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9		1					59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14		1					64							
15	1						65							
16		1					66							
17		1					67							
18		1					68							
19		1					69							
20		1					70							
21		1					71							
22		1					72							
23		1					73							
24		1					74							
25		1					75							
26		1					76							
27		1					77							
28		1					78							
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31		1					81							
32		1					82							
33		1					83							
34		1					84							
35		1					85							
36		1					86							
37		1					87							
38		1					88							
39		1					89							
40	1						90							
41		1					91							
42		1					92							
43		1					93							
44		1					94							
45		1					95							
46	1						96							
47		1					97							
48		1					98							
49	1						99							
50							100							
TOTAL IND.	5													
TOTAL DEP.	44													
TOTAL CLAIMS	49													